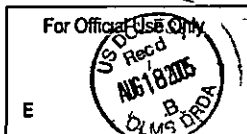


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9942</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Ronald</u> <u>J</u> <u>Caputo</u> P O Box Bldg Room No if any Street <u>92 Colonial Street</u> City <u>East Northport</u> State <u>New York</u> ZIP Code + 4 <u>11731</u>	4 Name file number and address of labor organization Name <u>I U P A T District Council No 9 AFL-CIO</u> Labor Organization File Number <u>006-770</u> P O Box Building and Room Number If any Street <u>45 West 14th Street</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10011-7419</u>
5 Position in labor organization <u>Organizer</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A He'd an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income None 7 b Amount \$0

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed <u>Ronald J Caputo</u>	On <u>8/12/05</u> (212) 255 2950 Date Telephone Number

Name of Person Filing Ronald Caputo	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name Magna Care Trade Name if any P O Box Bldg Room No if any Street 825 East Gate Boulevard City Garden City State New York ZIP Code + 4 11530	9 Business deals with <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Painting Industry Insurance Fund Trade Name if any P O Box Bldg Room No if any Street 45 West 14th Street City New York State New York ZIP Code + 4 10011	11 a Nature of such dealing None 11 b Approximate dollar value of such dealing \$0 12 a Nature of interest held or income received Dinner and drinks with insurance company representatives at New Orleans covention Value of dinner & drinks \$75 00 Value of gifts received - \$30 00 12 b Amount \$105

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment None 14 b Amount of payment. \$0
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	

Name of Person Filing Ronald Caputo

File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Painting Industry Annuity Fund

Trade Name if any

P O Box Bldg Room No if any

Street 45 West 14th Street

City New York

State New York ZIP Code + 4 10011

10 If 9 b or 9 c is checked give trust or employer's name

Name Painting Industry Annuity Fund

Trade Name if any

P O Box Bldg Room No if any

Street 45 West 14th Street

City New York

State New York ZIP Code + 4 10011

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

11 a Nature of such dealing

Related Organization

11 b Approximate dollar value of such dealing

\$0

12 a Nature of interest held or income received

Dinner at New Orleans Convention

12 b Amount

\$50

Name of Person Filing Ronald Caputo

File Number U

Part B Continuation Page

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8 Name and address of Business (including trade name if any)

Name Painting Industry Insurance Fund

Trade Name if any

P O Box Bldg Room No if any

Street 45 West 14th Street

City New York

State New York ZIP Code + 4 10011

10 If 9 b or 9 c is checked give trust or employer's name

Name Painting Industry Insurance Fund

Trade Name if any

P O Box Bldg Room No if any

Street 45 West 14th Street

City New York

State New York ZIP Code + 4 10011

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

11 a Nature of such dealing

Related Organization

11 b Approximate dollar value of such dealing

\$0

12 a Nature of interest held or income received

Attended annual holiday party

12 b Amount

\$80

Name of Person Filing Ronald Caputo

File Number U

Part B Continuation Page

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8 Name and address of Business (including trade name if any)

Name Koehler & Isaacs LLP

Trade Name if any

P O Box Bldg Room No if any 25th Floor

Street 61 Broadway

City New York

State New York ZIP Code + 4 10006

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

11 a Nature of such dealing

Fees paid for legal services in the calendar year 2004

11 b Approximate dollar value of such dealing

\$149 189

12 a Nature of interest held or income received

Holiday gift beer of the month club

12 b Amount

\$75

Name of Person Filing **Ronald Caputo**File Number **U****Part B Continuation Page**

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8 Name and address of Business (including trade name if any)Name **Master Painters Association of New York City**

Trade Name if any

P O Box Bldg Room No if any **Room 506**Street **50 East 42nd Street**City **New York**State **New York** ZIP Code + 4 **10017****10 If 9 b or 9 c is checked give trust or employer's name**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

9 Business deals with☒ **a Labor Organization**☐ **b Trust**☐ **c Employer****11 a Nature of such dealing**

Amounts paid to the Employers Association of the Painting Industry in New York for the calendar year 2004

Convention - \$2 500

Advertising \$ 600

Contributions - \$ 200

11 b Approximate dollar value of such dealing **\$3 300****12 a Nature of interest held or income received**

Lunch with Association members regarding contract negotiations

12 b Amount **\$65**

Name of Person Filing Ronald Caputo

File Number U

Part B Continuation Page

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8 Name and address of Business (including trade name if any)

Name Nassau Suffolk Building and Construction Tra

Trade Name if any

P O Box Bldg Room No if any

Street 150 Motor Parkway

City Hauppauge

State New York ZIP Code + 4 11788

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

11 a Nature of such dealing

None

11 b Approximate dollar value of such dealing

\$0

12 a Nature of interest held or income received

Attended 20 meetings

Value of refreshments at each meeting - \$5 00

12 b Amount

\$100

Part B Continuation Page

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8 Name and address of Business (including trade name if any)

Name Long Island Federation of Labor

Trade Name if any

P O Box Bldg Room No if any Suite 320

Street 1111 Route 110

City Farmingdale

State New York ZIP Code + 4 11735

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

11 a Nature of such dealing

Amounts paid to the Long Island Fed of Labor for the calendar year 2004

Table at annual dinner dance	- \$1 650
Contributions	\$ 300
Dues and subscriptions	- \$ 840

11 b Approximate dollar value of such dealing

\$2 790

12 a Nature of interest held or income received

Attended 4 meetings

Value of refreshments at each meeting - \$5 00

12 b Amount

\$20